

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 WILLOUGHBY AVENUE, 9TH FLOOR
P.O. BOX 110805, JUNEAU, ALASKA 99811-0805

(907) 465-2515
FAX NUMBER: (907) 465-2816
Website: www.commerce.state.ak.us/insurance

**UNLICENSED ADJUSTER SINGLE LOSS OR
CATASTROPHE FORM**

Date Stamp Box
Date: _____
Control No.: _____

Pursuant to AS 21.27.860(a), a nonresident independent adjuster not licensed by this state **who is licensed by and in good standing** with its home state may act as an adjuster and **adjust a single loss in this state during a calendar year**, or may act as an adjuster and adjust losses arising out of a catastrophe as declared by the director, **if, within 10 days after the start of the investigation or adjustment under this section** the nonresident adjuster has advised the director in writing of the adjustment.

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| <ul style="list-style-type: none"> ▪ Registration must be filed within 10 days of adjustment ▪ Must be licensed as independent adjuster in home state ▪ If catastrophic loss, the event must be declared by Director of Insurance | <ul style="list-style-type: none"> ▪ Adjuster may be sued pursuant to AS 21.27.860(b) ▪ Must comply with Unfair Claims Trades Practices Regulation ▪ An original Certificate of License Status, current within 90 days of issuance must be filed reflecting licensure as an independent adjuster |
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FILING REQUIREMENTS:

Form 08-227
Certificate of License Status

1. Social Security Number		Insured/Claimant Information Date of Adjustment			Date of Loss	
2. Last Name JR./SR. etc.		3. First Name		4. Middle Name		5. Date of Birth month _____ day _____ year _____
6. Residence/Home Address (Physical Street)		7. P.O. Box		8. City		9. State
10. Zip or Foreign Country						
11. Home Phone Number		12. Gender (circle one) Male Female		13. Are you a Citizen of the United States (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)		
14. Firm Name		Country _____				
15. Firm Address (Physical Street)		16. P.O. Box		17. City		18. State
19. Zip or Foreign Country						
20. Firm Phone Number		21. Firm Fax Number		22. Firm E-mail Address		23. Firm Web Site Address
24. Applicant's Mailing Address		25. P.O. Box		26. City		27. State
28. Zip or Foreign Country						
<p>29. By signature below, I certify that, under penalty of perjury:</p> <p>A. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me to civil or criminal penalties.</p> <p>B. I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.</p> <p>C. I authorize the State of Alaska to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.</p> <p style="text-align: center;">Must be signed and dated by applicant.</p> <div style="text-align: center; margin-top: 20px;"> _____ Signature </div> <div style="text-align: center; margin-top: 20px;"> _____ Type or Printed Name </div> <div style="text-align: center; margin-top: 20px;"> _____ Month/Day/Year </div>						